PTC/98381 (01-1/H)

10/713,656

14 November 2003

Approved for use through 1938/2011 OMB 9631/035 U.S. Potent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Processor Reduction Act of 1990 indipensions are required to respond to a calibration of information unless it displays a valid OMB covered number Application Number Filing Date

POWER OF ATTORNEY

OR

| REVOCATION OF POWER OF ATTORNEY | First Named Inve | ntor Howe, John |
|---|---|--|
| WITH A NEW POWER OF ATTORNEY | Title | System and Methods for |
| AND | Art Unit | 2446 |
| CHANGE OF CORRESPONDENCE ADDRESS | Examiner Name | Baturay, Alicia |
| CHANGE OF CONCEST ONDERICE ADDICESS | Attorney Docket | Number 1138-003 |
| Thereby revoke all previous powers of attorney given in the above-identified application. | | |
| A Power of Attorney is submitted herewith. | | |
| OR hereby appoint Practitioner(s) associated with the following | Contamo | |
| Number as myrour attorney(s) or agent(s) to prosecute the application identified above, and to transact at business in the United States Patent | | 34,060 |
| | | L |
| and Trademark Office connected therewith. OR | | |
| (" I hereby appoint Practitioner(s) named below as my/our attor | mey(s) or agent(s) (| to prosecute the application identified above, and |
| to transact all business in the United States Patent and Trac | lemark Office conne | octed therewith: |
| Practitioner(s) Name | | Registration Number |
| | : | |
| | | |
| | | |
| 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| L. | | |
| Please recognize or change the correspondence address | ess for the abov | e-identified application to: |
| The address associated with the above-mentioned Customer Number | | |
| OR | | |
| The address associated with Customer Number: | | |
| OR | | |
| Firm or | | CONTROL OF THE SECRET CONTROL OF THE PARTY O |
| Individual Name | | |
| Address | | |
| | | |
| City | State | Zφ |
| Country | | distribution of the second section of the second section of the second section of the second section section of the second section sec |
| Telephone | Email | |
| Lam the: | *************************************** | |
| Applicant/Inventor. | | |
| OR | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | |
| Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitt | | *************************************** |
| SIGNATURE of Appli | cant or Assignee | |
| Signature | | Date 14-19EC-09 |
| Name CARL SMITH | r | Telephone 613 _ 230 - 6770 |
| Title and Company OIRECTOR, ICASE | MUA | |
| NOTE: Signatures of all the inventors or assignees of record of the entire inferest or thou representative(s) are required. Submit multiple forms it entire than one alignature is required, she below? | | |
| Total of forms are submitted. | | |
| | | |

This collection of information is required by 37 CFR 1.31. 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by tine This collection of information is injuries by if Unit 1.0 ft 1.2 mb 1.3 in resultationals in departed to delive in the plants which is to be spirit by the USPTO process in a position. Confidentially a governed by 3 to 0.5 Table 10 ft 1.1 has it 1.4 ft for collection is activated to exhaus the confidential polarity, prepring as a scenarize to demotify a governed by 30 ft 1.5 mb 1.0 ft for collection is activated to exhaus the confidential confidential polarity, prepring as a scenarize to common the confidential confident

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.